

Approved for use through 10/31/2002. OMB 0851-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Atty. Docket No.: 109272.130  
Serial No.: 09/487,558

### Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the  
United States Patent and Trademark Office to Examiner Katherine Davis,  
Facsimile number 703-305-7939.

on March 14, 2001  
Date

  
Signature

Laura A. Labier  
Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

1. Response to Restriction Requirement dated December 15, 2000 (2 pages)
2. Petition for 2 Month Extension of Time (1 page)
3. Transmittal Form (1 page)
4. Fee Transmittal Form (1 page)
5. Copy of Postcard (1 page)

Burden Hour Statement: This form is estimated to take 0.03 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

#14  
Dia 3/15/01  
**FAX**

**HALE AND DORR LLP**  
COUNSELLORS AT LAW

www.haledorr.com  
60 STATE STREET • BOSTON, MA 02109  
617-526-6000 • FAX 617-526-5000

Total Number of Pages: 8

**Fax / Phone:**

**To: Examiner Katherine Davis**  
**U.S. Patent and Trademark Office**

**1-703-305-7939 / 1-703-605-1195**

**From: Robert McIsaac, Ph.D.**  
**617-526-6168**

**Date: March 14, 2001**

**Note:**

**URGENT.**

**PLEASE DELIVER TO EXAMINER KATHERINE  
DAVIS AT ART UNIT 1636.**

**THANK YOU.**

This facsimile transmission is confidential and may be privileged. If you are not the intended recipient, please immediately call the sender or, if the sender is not available, call 617-526-5413, and destroy all copies of this transmission. If the transmission is incomplete or illegible, please call the sender or, if the sender is not available, call 617-526-5413. Thank you.

09487558

**Client Matter Number: 109272.130**  
**Return To: 29011**

01 FC:216

195.00 CH

**Transmitted by:**

**BOSTON NEW YORK PRINCETON RESTON WASHINGTON LONDON\* MUNICH\* OXFORD\***

*Hale and Dorr LLP is a Massachusetts Limited Liability Partnership and includes Professional Corporations*

*\* an independent joint venture law firm*

\*\*\*\*\*  
\*\*\* RX REPORT \*\*\*  
\*\*\*\*\*


RECEPTION OK

TX/RX NO	7618
CONNECTION TEL	
SUBADDRESS	
CONNECTION ID	
ST. TIME	03/14 15:08
USAGE T	02'10
PGS.	7
RESULT	OK

Please type a plus sign (+) inside this box → ☐PTO/SB/21 (6-98)  
Approved for use through 09/30/2000, OMB 0651-0031  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/487,558
	Filing Date	January 19, 2000
	First Named Inventor	Robert Busby
	Group Art Unit	1636
	Examiner Name	K. Davis
Total Number of Pages in This Submission	7	Attorney Docket Number 109272.130

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below) <input checked="" type="checkbox"/> Postcard
Remarks Certificate of Facsimile Transmission		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Robert McIsaac, Ph.D. (Reg. No. 46,918)	
Signature		
Date	March 14, 2001	